

Application No. Doct. of Name

CLAIMS AS FILED - PART I

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

11/10/19, 28, 46,

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total (37 CFR 1.16(c))	•	Minus	**	=
	Independent (37 CFR 1.16(b))	•	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number" is 0, write "0" in column 4.

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
+ \$ ____ =	
TOTAL ADDITIONAL FEE	

OR

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
+ \$ ____ =	
TOTAL ADDITIONAL FEE	

ADD

- ... If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ... If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- ... If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total of Independent Studies) is the

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-410-9199 and select option 2.